Szasz Under Friendly Fire: Damned With Faint Praise

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Abstract

This essay is a critical review of recent collections of articles by friends and colleagues of Thomas Szasz. Apart from the usual misunderstandings and wilful misinterpretations of Szasz's social psychology generally and critique of mental illness specifically, his friends and colleagues add a new dimension to Szaszian criticism by damning him with faint praise. Ignoring his indebtedness to social psychologist, George Herbert Mead, they interpret his work as an ideological defence of libertarianism, rather than as a logical critique of mental illness. A defence is, therefore, especially indicated.

> *"God protect me from my friends, I'll take care of my enemies'"(Voltaire)*.

"Mental illness is a myth, whose function is to disguise and thus render more palatable the bitter pill of moral conflicts in human relations" (**Szasz, 1960**, p. 118). With these words in an article rejected by every major American psychiatric journal but published by *American Psychologist*, Thomas Szasz fired the first salvo in his battle against psychiatry's pretensions. His book, *The Myth of Mental Illness* (1961) amplified the journal article and offered foundations of a theory of personal conduct based on the social psychology of George Herbert **Mead (1934).** Unsurprisingly, critics and enemies fired back. Some shot themselves in the foot, many missed their target altogether, others used blanks.

Psychotherapist Albert Ellis called Szasz paranoid and mad because of the "distorted, exaggerated, unscientific manner in which he presents his case for the myth of mental illness" (**Ellis, 1980**, p. 15). In a seminar organized by one of the authors (RS) in Australia in 1986, his interlocutor refused to debate with him on the grounds that Szasz was a "paranoid schizophrenic." Similar *ad hominem* attacks, too numerous to mention, appear in print. Criticism of Szasz has gone well beyond scholarly debate, and clumsy personal attacks have

littered the field, such as “the accusation that his views reveal him to suffer from a mental disorder consisting of taking actions which interfere with the delivery of mental health services to those who need them” (**Vatz & Weinberg, 1997**, p. 167).

Ad hominem attacks aside, the standard of Szaszian criticism is notoriously uneven and unfair (**Counter & Spillane, 2017**; **Spillane, 2018**; **Stadlen, 2014**). The shortcomings in criticisms of Szaszian scholarship are clearly revealed in three collections of articles (**Hoeller, 1997**; **Schaler, 2004**; **Vatz & Weinberg, 1983**) where Szasz answered his critics and was subsequently criticized for his “belligerent and bullying” behavior. “At times he displays an intransigence coupled with spite that smacks of bigotry” (**Henderson, 2005**, p. 241).

In his review of *Szasz Under Fire* (**Schaler, 2004**), **Goldstein (2005**, p. 375) praises Szasz for his logical dissecting of the “foolishness, unintended consequences, inconsistencies, intellectual pretensions, and confusion” in psychiatry and argues that his job is made easier by the critics, some of whom seem not to have read Szasz, while others offer rambling and irrelevant contributions. Goldstein praises Kendall, however, because he “effectively demonstrates that Szasz's understanding of illness and disease is simplistic, antiquated and naïve” (p. 375). Kendall shows how Szasz's view of ‘real’ disease excludes, for example, hypertension, diabetes and many other chronic and acute conditions. It does no such thing as one can read in Szasz's reply. It is Kendall himself who has the problem since he asserts that *physical illness is also a myth*. “Dr. Szasz was quite right to assert that mental illness is a meaningless term, a myth, and a dangerous metaphor. But the concept of physical or somatic illness is equally meaningless, equally mythical and equally dangerous” (**Kendall, 2004**, p. 42).

Buchanan-Barker and Barker (2009) argue that **Clarke's (2007)** critique of Szasz is based on what he thought Szasz wrote, rather than on what he actually wrote. Similarly, **Stadlen (2014)** reveals **Richard's (2014)** lack of understanding of Szasz's fundamental arguments in *The Myth of Mental Illness*. Stadlen (201, p. 338) also noted that many people have deplored what Szasz said. “The trouble is, he usually didn't say it.” Szaszian criticism, he argues, has been ill-informed, illogical and his critics repeat arguments that have been brought against him for 50 years. When Szasz explains the fallacies in these assertions, he is accused of repeating himself.

Counter and Spillane (2017) criticized **Benning's (2016)** article in which he quotes authors who criticized Szasz in **Schaler (2004)**, but neglects to acknowledge Szasz's responses in the same publication. Arguably, Benning's most inaccurate criticism of Szasz, which has been advanced by several other authors, is that “there is a reality and suffering attached to mental illness, to psychological dysfunction, that Szasz's writings simply fail to acknowledge” (2016, p. 294). Yet Benning had previously acknowledged that Szasz “did not deny that humans have difficulties,

but he preferred to conceptualize them not as mental illnesses or as diseases, but as 'problems in living'" (2016, p. 292). Szasz acknowledged existential human suffering and the tragedy of life but did not call such suffering disease or illness. Nonetheless, he has often been criticized on the grounds that a mentally ill person is clearly "suffering" from some disability and so the concept of mental illness can be promoted because of that suffering. "It seems self-evident to me that many, perhaps most people whom psychiatrists characterize as 'severely mentally ill' do not suffer; they make others suffer. After all, how do we know that a person suffers? We know it because he says so and because he asks for help" (**Szasz, 2004**, pp. 51–52).

Schaler et al. (2017) is a collection of articles by Szasz's friends, professional colleagues, and others, and includes: the *appreciative* (who agree with many of Szasz's arguments but think he "goes too far"); the *obtuse* (who fail to grasp the logic of Szasz's critique of mental illness); the *self-important* (who pursue their own agendas and make few references to Szasz's work); and the *friends* (some of whom damn him with faint praise). In several of the nine articles, the authors take advantage of their friendship with Szasz, and use anecdotes and personal conversations with him to support their arguments, or feelings about him. This adds a new dimension to the long history of Szaszian criticism, but it is not without the dangers of selective recall and specious subjectivity.

Three examples will have to suffice. First, Lothane, like countless critics, chides Szasz for not defining "myth" in his early work and claims that the transition from label to myth is too abrupt. Szasz had written: "I have tried to show that the notion of mental illness has outlived whatever usefulness it might have had and that it now functions merely as a convenient myth. As such, it is a true heir to religious myths in general, and to the belief in witchcraft in particular …" (1960, p. 118). Lothane claims that Szasz should have explained how a modern psychological myth is similar to a medieval theological myth. Apparently without checking what Szasz wrote in *The Manufacture of Madness* (**1971**, pp. 96–153), Lothane slides off to a discussion of Ockham and the nominalists of the 14th Century but fails to acknowledge that Szasz was himself a nominalist and was familiar with Ockham's position. He acknowledges Szasz's dramaturgical perspective, adapted from Mead (misspelled as Meade in the book) and Jean Piaget, but feels the need to claim that his friend would have approved of *his* [Lothane's] concept of dramatology.

Petrilli and Ponzio, after discussing Szasz's book on Virginia Woolf, quote him correctly as saying that she cannot be described as mentally ill in the same way that she is described as English. They add that this is another instance where "ontology re-emerges in Szasz despite his critique of mental illness. This gain is another instance of the idea of the origin, the substratum, the beginning of the word, or writing, the idea of genealogy, the category of being, the subject"

(2017, p. 44). (No surprise that Derrida appears in their reference list.) Translating this jargon into plain English, they appear to be saying that Szasz's "ontology" favors a "deciding subject" who uses language, rather than is used by it. Szasz would, of course, laugh at the idea that he was offering an ontology and agreed with Nietzsche that a search for "being" is doomed to failure.

Long-time friend, Richard Vatz asserts that about 1% of people diagnosed as schizophrenics "*are* brain diseased and cognitively incompetent. These people generally show the signs of disease during an autopsy" (2017, pp. 50–51). Yet, later in the same book, Moncrieff (2017, p. 73) notes that although it is regularly claimed, with little foundation, that the physical basis of schizophrenia has already been identified, this claim is not true. Vatz says that he asked Szasz why he didn't concede that schizophrenia *could* refer to neurological illness, and in conversation he sometimes did. He claims that Szasz did not want to concede that schizophrenia is a neurological disease because it would lead to an explosion of the diagnoses of schizophrenia. This is surely a cheap shot, based on hearsay, which presents Szasz in a pragmatic, if not cynical, light. Szasz's position on this issue is clear: if tomorrow everyone who is today diagnosed as schizophrenic is found to have a brain lesion, then books of pathology will add another legitimate, neurological disease to its list. Vatz again trades on his privileged knowledge and claims that Szasz did not believe that schizophrenic behavior is freely chosen since it reflects a thought-disorder. Vatz overlooks **Szasz's (1996**, pp. 117–118) arguments that if a schizophrenic is alleged to suffer from "thought-disorder," and if thinking is self-conversation, as Szasz maintains, then he displays the consequences of disordered self-conversation, not a "thought-disorder." Szasz rightly asks: "How can a self-conversation, that only the self can monitor, be disordered? Clearly, it cannot be. However, it can be self-deceptive, making the person who engages in it the 'victim' of his own pretenses and prevarications."

Unlike many critics, Szasz was sensitive to language and to logic. So, when asked whether schizophrenia "could" ("may," "might") be a neurological disease, he recognized the question as the trivial tautology it is. Schizophrenia may (or may not) be a neurological disease, or a spiritual possession. The use of the modal verb "may" is a deplorable feature of much Szaszian criticism and betrays an insensitivity to basic standards of argumentation.

The three editors of *Thomas Szasz: An Appraisal of his Legacy* (2019, p. 1) state that they knew Szasz personally and "found him quite charming and friendly, which is not to say either agreeable or conciliatory." One editor (Luft) states that he had "frequent philosophical discussions with Szasz, but scarcely agreed with him about anything—except suicide" (2019, p. x). The editors introduce their book with the assertion that Szasz is best read as an ideologue

rather than a practicing psychiatrist. This is to ignore the obvious point that Szasz's critique of mental illness is a *logical* one and is logically independent of (though pragmatically related to) his libertarian ideology. However, one can readily agree with the editors that we "can easily imagine how he [Szasz] would have responded to the arguments in these chapters" (2019, p. 1).

A curiously bizarre article by Luft begins with the assertion that Szasz, as a libertarian, ought to have been influenced by Hayek, Mises, Camus, Sartre, Mill, Mencken, but was not. This flies in the face of **Szasz's (1988**, pp. xix–xx) admission that "my approach borrows psychoanalysis from psychology, role theory from sociology, and existentialism and linguistic analysis from philosophy." Furthermore, his many acknowledgements of his indebtedness to influential libertarian writers are well-known. Luft does not mention Mead or Piaget who *were* major influences on his work and whose names do not appear in the book's index. As Haldipur says: "Luft traces some of the philosophers who may [or may not] have influenced Szasz's views" (2019, p. 278).

Luft asserts that "Szasz cannot use many philosophers to his advantage since almost all of them … accept the reality of mental illness, while Szasz, of course, as a central ideological point, does not" (p. 20). Szasz was not a man to be a disciple of any philosopher, even though he admired the work of many of them. His "use" of philosophers was, like that of many scholars, based on ideas and arguments that he found supportive and congenial. He wrote a book (2004) on libertarians whose work he admired (Mill, Russell, Mises, Hayek, Rothbard) but who believed in mental illness and mounted opposing arguments. Luft ignores this and chides Szasz for not engaging with many philosophers or for quoting them cryptically. The curious, if not absurd, aspect of this article is Luft's admission that Szasz told him in 2001 that of the 25 books then published, (there have been 10 more since), only three (**1999**, **1961**, **1987**) were essential to an understanding of his thought. "I doubt that he would have added any titles to these three. Hence I will focus on them" (2019, p. 22). So, we are to believe that Szasz's philosophical influences over his entire career are included in three books. Throughout this odd article, replete with philosophical name-dropping and nonsequiturs, Szasz is criticized for what he did *not* write. Luft ends with a question: "If Szasz is not a theist [he was not], is he then a materialist or an atheist? That would be difficult to pin down with precision …" (2019, p. 33). It is not at all difficult: Szasz made it clear in his books that he was not a materialist and that he was a man of no religion. Luft concludes with the ultimate nonsequitur: "In any case, God does not figure prominently in Szasz's thought, as it does in, for instance, that of Plato, Descartes, Spinoza, Leibniz, or Whitehead, none of whom seem to have had much influence on him" (2019, p. 33).

For the rest of this essay, we shall summarize Szasz's critique of mental illness and addresses specific criticisms thereof to be found in **Haldipur et al. (2019)**. As there is enough material there for an entire conference, we are obliged to set aside his views on and criticisms of the insanity defence, involuntary hospitalization, drugs, suicide, the absurdities of DSM, sexual oddities, anti-psychiatry ("quackery squared"), and libertarian politics.

SZASZ'S CRITIQUE OF MENTAL ILLNESS

It is important at the outset to be clear about the logical basis of Szasz's critique of mental illness. In brief:

- Illness affects only the body.
- The "mind" is not a bodily organ.
- Therefore, the "mind" can only be ill metaphorically.
- Mental illnesses are metaphorical illnesses mistaken for facts.
- Therefore, mental illness is a myth.

Illness Affects Only the Body

Many of Szasz's critics begin (and end) with what Karl Popper called pointless disputes about words and definitions. In 1984, Popper wrote to Szasz, that there is "a danger of this problem degenerating into a quarrel about words (or 'definitions') … I am very ready to believe you when you say that most alleged "mental illnesses" are *not* real …" (**Schaler, 2004**, pp. 136–137).

Szasz takes the notion of physical disease as largely self-evident, consisting of a deviation from the "structural and functional integrity of the human body" (**Szasz, 1989**, p. 12). However, many critics argue that the concept of disease is so problematic that the medical profession cannot agree on and does not offer a definition of this concept. Consequently, Szasz's position falls at the first hurdle.

Szasz does not promote his own definition of disease: he accepts the pathologists' nomenclature of diseases based on cellular abnormality, as defined by Rudolph Virchow (**Counter & Spillane, 2017**). He notes that in Robbins's book of pathology, *Anderson's Pathology* and *Soderman's Pathologic Physiology* (7th ed.) there is no mention of schizophrenia, manic-depression, or any other mental illness. "In short, the authors of textbooks on pathological anatomy, biochemistry, and physiology do not mention the major mental illnesses—treating

them either as if they did not exist or were not diseases" (**Szasz, 1987**, p. 72). Recent pathology books, including *Pathology Illustrated* (**Reid et al., 2011**), *Rubin's Pathology* (**Rubin & Reisner, 2014**), and *Robbins Basic Pathology* (**Kumar et al., 2013**) do not index schizophrenia, depression, or any mental illness. However, they do indexVirchow. Szasz was criticized for stating that mental illnesses are not pathologically identifiable, yet critics fail to address the inconsistency between their views and the pathologists. To assert that Szasz promoted an idiosyncratic notion of disease is seriously to misrepresent his position. Like Popper, he came to accept the futility of arguing about the meaning of words and definitions.

The "Mind" Is Not a Bodily Organ

Szasz argues that the "mind" cannot be ill because either it is a spiritual substance in the manner of Descartes or, as it is an abstract noun, it is not a thing. Szasz is neither a Cartesian dualist nor a materialist. His is a brain-behavior dualism which acknowledges that the brain is a necessary but not a sufficient condition for human action. He repeatedly reminded psychiatrists of their insensitivity to basic logic, cavalier attitude to empirical facts, and base rhetoric. How is it, he asked, that intelligent human beings can be so easily misled into believing that we have things called minds which are not bodily organs but can nevertheless be sick? How did we arrive at the situation where we treat illegitimate illnesses as legitimate ones and treat individuals medically, and against their will, for what are moral dilemmas?

Since Ryle and Wittgenstein, it has been widely assumed that the Cartesian mind—the ghost in the machine—has been put down. Wilson (pp. 6–7), for example, claims that the mind has no corporeal structure or local habitation. "But," he insists, "the mind can be disordered." He repeats the familiar criticism that if Szasz allowed a wider definition of illness, based on "subjective dis-ease," then the abstraction called "mind" can be said to be ill. Quoting Pies in the same volume, Wilson defers to Wittgenstein's pragmatic relativism and invites us to use "ordinary language" to describe psychological suffering. As Russell and Popper noted, this is an invitation to superstition, illogic, and mendacious metaphysics. Wilson asserts a falsehood when he writes: "By defining illness solely according to biopathological cause rather than its clinical manifestation, Szasz dismisses, in a stroke, all possibility of social and psychological etiology." Szasz does no such thing. Wilson concludes with the glib assertion that "Szasz's music is a kind of strident, freedom-loving, anti-authoritarian, punk." Concluding with a bang, as he might say, he accuses Szasz of riding "roughshod over the suffering of patients and their families, and of stigmatizing the physicians who care for them." Yet, **Szasz (2001**, p. 115) insisted: "When I say that mental illness is not an illness I do not deny the reality of the

behaviours to which the term points, or the existence of people who exhibit them, the suffering of the denominated patients may experience, or the problems they cause for their families."

In an otherwise sympathetic account of Szasz's views, Schramme (p. 259) makes the unconvincing claim that Szasz is unclear on mind–body dualism in *The Meaning of Mind* (1996). He claims that Szasz ended up with a view of the general concept of disease as restricted to physiological process, "which is dubious, because we can meaningfully conceptualize and refer to genuine mental phenomena." The key issue here is the use of the word "genuine" and the implication that Szasz denied the existence of mental phenomena. What, then, is Szasz's view about the mind and mental phenomena?

Szasz (1996) argues that the mind is a myth. If there is no such thing as a mind, it follows that there can be no illnesses of the mind. The myth of the mind generated the myth of mental illness, in which there is a certain irony. The mind was to be the source of human freedom and responsibility; mental illness is the source of unfreedom and nonresponsibility.

"Mind" is an *activity*, and so the almost universal practice of treating "mind" as a concrete noun is unwarranted. The popular habit of turning verbs into abstract nouns and treating them as concrete nouns has resulted in unnecessary confusion and misled people into believing that "mind" has the same objective status as "brain." It does not. If mind is not an entity, then it cannot be in the brain or in any other part of the body. And there can be nothing "in the mind." While we think, feel and value, there are no such "things" as thoughts, feelings and values "in the mind" or anywhere else. Here Szasz's nominalism is explicit.

Because there is no observable entity called "mind," Szasz identifies the concept in terms of activities we associate with it, notably thinking. To mind (as in "mind the shop") is to think and to think is, as Socrates claimed, to talk to oneself. Mind is not brain, psyche, or personality but the ability of people to have a conversation with themselves. "Although neither 'autologue' nor 'self-conversation' is a part of the English vocabulary, we have a plethora of [mentalistic] words that refer to the phenomenon of talking to oneself, such as believing, conjecturing, considering, contemplating …" (1996, p. 13). Szasz, therefore, rejects the idealist view that mental phenomena are mysterious happenings in the mind/brain.

Pies suggests that if Szasz agreed that if all mental illnesses were found to be brain illnesses, the former term would be redundant. However, he claims that this would be a serious conceptual error on Szasz's part. How so? For Szasz, "psychiatry's (illegitimate) diagnostic categories were only temporary stops on the road to the recognition of 'real' and legitimate

bodily diseases. Szasz argued that conditions once regarded as 'mental illnesses' would rightly be reclassified as 'brain diseases,' insofar as scientific investigations would eventually uncover their neuropathology" (p. 155). This reclassification could eliminate the notion of "mental illness" and render the term meaningless. Szasz did not believe that all "mental illnesses"—or problems in living—would yield to biological reductionism. He did not believe that moral problems will ultimately be found to be caused by chemical imbalances in the brain or malfunctioning neurotransmitters. He addressed these issues in many books, but especially in *The Meaning of Mind* (1996). He did believe that if, say, schizophrenia was found to be a brain disease, it would be added to books of pathology and treated by neurologists. But to suggest that all mental illnesses enumerated in DSM-5 will, or might, be found to be brain diseases defies belief. **Szasz (2010**, pp. xiii–xiv) actually wrote: "If all the 'conditions' now called 'mental illness' proved to be brain diseases, there would be no need for the notion of mental illness and the term would be devoid of meaning." This is a hypothetical statement and it is correct. Pies disagrees and again raises the definitional problems associated with disease. He also contests the accepted meaning of metaphor and invokes the "ordinary language" arguments of the Wittgensteinians (that the meaning of words reside in their ordinary use), asserting that metaphors are not false representations of the state of affairs of the world, but can be profoundly true. As Wittgenstein would say, language has gone on holiday. It should be obvious that a metaphor is acknowledged by comparison with the literal meaning of a word. Human bodies are literally sick; jokes are only sick metaphorically. If Pies believes that a "sick joke" conveys a profound truth, he must allow that the comparison between the literal meaning of a word and its metaphorical meaning is invalid. In that case, and here the deference to "ordinary language" exposes itself, there can be no literal truths and therefore no metaphors either.

Pies resorts to the familiar dismissal of arguments by scholars who use the analytic-synthetic distinction to identify necessarily and contingently true statements and separate them from nonsensical statements. The deference to Quine's alleged demolition of this distinction is surprising given the understandable and valid rebuttals of this sad attempt to eliminate tautologies from philosophy and the social sciences. Does Pies seriously believe that "all tall men are tall" is a synthetic proposition in need of empirical support?

The Mind Can Only be Ill Metaphorically

Szasz claimed that if we accept the pathologists' criteria of disease as found in books of pathology, it follows that mental illnesses are illegitimate illnesses. Furthermore, since the notion of mind is itself problematic, "mental illness" is an oxymoron: a logical impossibility. Szasz accepted the axiom that what is impossible in logic is impossible in every other way—

empirically, technically, scientifically (**Hospers, 1956**, p. 95). Consequently, Szasz argues that it is pointless to seek empirical evidence for the existence of mental illnesses and compares it to people who do not accept logical impossibilities. “Foolishly, psychiatric loyalists nowadays often engage in precisely such a tactic, trying to prove the existence of mental illnesses: they look for married bachelors, in an effort to prove that the word ‘bachelor’ does not mean unmarried person” (**Schaler, 2004**, p. 378).

Psychiatry is, then, that branch of medicine which “treats” metaphorical (illegitimate) illnesses, while neurologists treat brain illnesses. Mental illnesses are metaphorical illnesses that have been literalized by psychiatrists and other so-called mental health professionals. Mental illness is not something people have but something they do or say; it is, therefore, a matter of personal conduct which is, for **Szasz (2010)**, as for **Mead (1934)**, always rule-following, strategic and meaningful, including the ways in which the “mentally ill” conduct themselves. Szasz was fond of quoting G. K. **Chesterton (1909**, p. 32): “The madman is not the man who has lost his reason. The madman is the man who has lost everything except his reason.”

The current meaning of illness is so broad and vague that it defies definition. When gambling and violent criminal acts are called illnesses alongside diabetes and tuberculosis, clear criteria for counting illnesses are replaced by endless exemplifications of illness. Thus, the category called illness becomes so elastic that is can accommodate virtually anything one wants to place in it, including metaphorical illnesses and sick role behavior. However, psychiatric rhetoric has translated patient role behavior into a mental illness, thus eliminating the logical distinction between truly ill persons and malingerers. Szasz asks: “How did we get to the point in the history of psychiatry and in the cultural history of the West, where illness and counterfeit illness are both accepted and viewed as illness of the same kind, or as identical? Or where counterfeit illness is viewed as even more serious an illness than the illness it counterfeits?” (1987, pp. 173–174).

Mental Illnesses Are Metaphorical Illnesses Mistaken for Facts

Several contributors accept Szasz's argument that mental illness is not an empirical fact but claim that it is a *social* fact and cannot be ignored. Consequently, the debate between Szasz and his critics has degenerated into arguments about the status of “facts” which in a postmodern environment is an invitation to incoherence. Clearly, social facts are not supported in the same way that scientific facts are supported by empirical evidence. Witchcraft, for example, is a social fact although it cannot be shown that it is a scientific fact in the sense that the witch would claim it to be. Although it cannot be shown to be a scientific fact, it becomes a social fact when enough people believe in it to ensure that it produces effects. Social facts

range from what has been scientifically confirmed to the most bizarre superstition. Szasz argued that “mental illness” is a metaphor that has been mistaken for a fact. As a myth, “it is a true heir to religious myths in general, and to the belief in witchcraft in particular. The concept of mental illness thus serves mainly to obscure the everyday fact that life for most people is a continuous struggle, not for biological survival, but for a ‘place in the sun,’ ‘peace of mind,’ or some other meaning or value” (1960, p. 118).

Mental Illness Is a Myth

Church acknowledges Szasz's debt to Gilbert Ryle, for whom a myth is not a fairy-tale but the presentation of facts belonging to one category in the idioms appropriate to another. “To explode a myth is not to deny the facts but to re-allocate them” (**Ryle, 1949**, p. 8). She points out that the transition from mistaking metaphors for facts does not always result in myths. True enough, but when the literalization of metaphors supports a wide range of beliefs that have practical consequences, it becomes a myth. She correctly acknowledges that Szasz does not favor the elimination of myths—“I believe that people are entitled to their mythologies” (**Vatz & Weinberg, 1983**, p. 171)—but he insists on one's freedom to choose one's own myths and the responsibility thus entailed.

Frances has problems with Szasz's view that mental illnesses are myths. He says that schizophrenia is “certainly not a disease; but equally it is not a myth, because it helps to further communication, prediction, and decision-making, even if it has only descriptive, and not explanatory power” (p. 171). But that is exactly what myths do: they enable and encourage people to communicate in descriptive language which yields statements which are either true or false. If the descriptions involve myths, such as the belief in witchcraft or mental illness, they are false. Insofar as psychiatrists (as scientists) seek the truth, they would be expected to recognize the dangers of basing predictions and diagnoses on mythical language. Frances repeats a familiar charge against Szasz about his alleged lack of experience with schizophrenics. “Indeed, schizophrenia can be considered 'myth' only by those who have not had much clinical or life experience getting to know well the unfortunate people who bear its burdens” (p. 172). Francis concludes with the predictable refrain that Szasz and his followers go too far. “Insulated from clinical reality, they present an inflexible, impractical, and extremist position that creates its own set of serious dangers (e.g., committing violent acts or winding up in jail) for the very people whom they are trying to defend” (p. 176). Once again, the question is begged: Szasz does not attribute violent criminal acts to so-called mental illnesses. In fact, he waged a lonely battle against the involvement of psychiatrists in courts of law and regarded the insanity defence as deplorable.

In a public debate, Szasz criticized Albert Ellis for treating “schizophrenics” who had not broken the law as ill and incarcerating them because their behavior annoys or offends others (**Spillane, 2018**). Szasz believed that one is healthy until proven ill. Medical facts cannot prove that mental illnesses exist; misbehaviors are not illnesses. Szasz argued that we should think of people classified as schizophrenic as more deviant than the usual run of people but not as “mad” in the pejorative sense, which has its roots in the medieval idea of demonical possession.

Torrey (pp. 99–101) claims that “Szasz got caught off-base badly regarding the nature of schizophrenia.” Like Frances, he asserts that Szasz never diagnosed or treated any patient diagnosed with schizophrenia. Szasz practiced psychotherapy for nearly 50 years and worked with many “schizophrenics,” some of whom entertained him on his front lawn late at night. Moreover, he testified in court against a diagnosis of schizophrenia in the case of Schaler (2004, pp. 204–223). Torrey acknowledges that Szasz never prescribed drugs to so-called mental patients and irrationally concludes that this “would be consistent with his lack of patient experience. It would also explain some of his statements regarding the nature of schizophrenia, statements that appear fatuous in retrospect” (p. 99). Szasz consistently maintained that it is possible that some people who have been incorrectly diagnosed as schizophrenic will later be correctly diagnosed with a brain disease (by medical signs). Torrey than repeats the propaganda that “the evidence has become overwhelming that schizophrenia is indeed a disease of the brain” (p. 100). Torrey concludes with his tale about how he periodically sent Szasz empirical studies to convince him that schizophrenia is a disease of the brain. Szasz politely acknowledged receipt but replied in one personal communication. “You probably cannot ‘change my mind,’ [but] you can certainly influence it” (p. 101). Torrey concludes, rather spitefully, Dr Szasz or Dr Seuss?

Potter (p. 185) argues that Szasz's “binary framework” (biological/social science; body illness/mental illness; individual/state; freedom/coercion) is problematic because “human experience is always historically, culturally, and linguistically situated.” Did Szasz ever deny this trivial tautology? As Potter should have known, Szasz's social psychology was heavily indebted to George Herbert Mead who does not appear in the index of the book. Social psychologists do not fall into the trap of arguing from a structured personality (e.g., Freud) or a structured society (e.g., Durkheim). Rather, they choose to regard the *relationships* between personality and society as the objective element in the picture. According to the social psychological perspective, a relationship once named refers to an irreducible element in one's conceptual scheme (**Spillane & Martin, 2018**). Accordingly, there is no way in which the relationships between psychiatrist and client can be analysed in terms of component relationships. One cannot be “mentally ill” alone. Potter is either blissfully unaware of Szasz's social psychology or chooses to ignore it in her futile effort to place Szasz in a binary bind and accuse him of lacking

“intersectionality.” Descending into the jargon of critical psychiatry, she writes: “The construct of intersectionality highlights the ways that identities are neither purely individual nor devoid of social markers of structurally imbricated subjectivities. Additionally, intersectionality necessarily points to ways in which systematic hardship, discrimination, stigma, and meaning are hegemonically shaped” (p. 185). And this criticism is applied to, of all people, Thomas Szasz, who fought against the “hegemonic” coercion of psychiatric patients and its deceptive rhetoric. Has she not read *Faith in Freedom* where Szasz railed against libertarians for their inconsistent and punitive attitude toward involuntary hospitalization and the tortures called treatments? And speaking of deceptive rhetoric, one can only imagine what Szasz would have made of Potter's rhetoric. Echoing Karl Kraus, he believed that human beings are profoundly enmeshed in grammatical confusions and they cannot be freed without first being extricated from the extraordinary variety of metaphors which hold them captive (**Szasz, 1990**).

DISCUSSION

Schaler concludes his book with the comment that Szasz “is still scorned as a renegade, a heretic” (2017, p. 197). We should prefer to call him a rogue psychiatrist. Dictionary definitions of “rogue” give the impression that the term is a derogatory one. In Szasz's case, as in all cases, it depends on who is assessing the roguery and from which perspective. The common definition of “rogue” is a dishonest or unprincipled person. Anyone who had the good fortune to meet Thomas Szasz professionally or socially knows that such a definition does not apply to him. Szasz was scrupulous in his work and abhorred dishonesty wherever he encountered it. His principles were always clearly articulated so that his professional colleagues were never in any doubt about his libertarian principles.

A more favorable definition has a rogue as a person whose behavior one disapproves of but who is nonetheless likable or attractive. After the publication of *The Myth of Mental Illness*, Szasz was widely attacked by his professional colleagues in psychiatry some of whom sought to have him dismissed from his university professorship. Many of his colleagues never forgave him for criticizing their profession. Moreover, many people working in other disciplines—social work, psychology, medicine, nursing—strongly disapproved of his view that mental illnesses are metaphorical, and thus illegitimate, illnesses. Although he was generally applauded by “mentally ill patients,” he was vilified by their carers who did not find him a likeable or attractive person. Had those who lined up to criticize him used the term “rogue,” they would not have regarded it as a playful term of reproof.

A third definition refers to a rogue as a person who behaves in an aberrant or unpredictable way, typically with damaging or dangerous effects. Again, this does not quite fit Szasz whose critique of psychiatric quackery was undertaken as a man of the Enlightenment who pursued logical and empirical truths. He valued lucid writing, clear thinking and, although he used rhetoric to considerable effect, he relied ultimately on the logic of his arguments and the facts of the matter to win the day. He was delighted when friends told him that his books and articles had had a damaging effect on psychiatry.

Szasz was a rogue psychiatrist because he openly admitted that his life-long professional project was to destroy medical psychiatry. He echoed Bernard Shaw in his belief that professions are conspiracies against the public. But he also acknowledged the truth of Shaw's other quip that those who challenge a profession are never forgiven. He was prepared to endure the criticism and, at times, hatred of his professional colleagues in the pursuit of the truth of their profession. Psychiatry is, according to him, “a science of lies” (**Szasz, 2008**, p. i).

For more than 50 years, Thomas Szasz was there to remind psychiatrists, colleagues and friends of their inconsistencies, insensitivity to basic logic, cavalier attitude to empirical facts, and base rhetoric. That some of his friends now damn him with faint praise tells us more about them than about him.

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